

## FINANCIAL POLICIES

Our continuing goal at Coastal Fertility Medical Center is to provide you with the quality healthcare you deserve. We have developed the following list to clarify our billing policies for you. **Please read them and let us know if you have any questions or concerns.**

**PAYMENT AT TIME OF SERVICE:** You are expected to pay for your services at the point of check out. We will bill your insurance only if we are contracted with your health plan and only for the services that are covered by your insurance company. Your eligibility and benefits are verified prior to any treatment. This information is kept in your chart as reference. If there is ever a question between the information we received from your insurance company and what you know your coverage to be, it is your responsibility to provide us with documentation to verify the correct information.

If we are **NOT** contracted with your insurance company, we **will only bill the insurance directly if you should need surgery**. For non-surgical care, we will provide you with the necessary paperwork to submit to your insurance company for reimbursement. If you have any questions about our fees, please contact our Business Office at (949) 726-0608.

**VERIFICATION OF COVERAGE** is required before insurance is billed. If you provide permission and information, we here at Coastal Fertility will call to verify your insurance benefits/coverage as a courtesy to you. This is not a guarantee of payment from your insurance. All claims are subject to the review of benefits and medical necessity by the claims department. If there are any unpaid claims by your insurance, it will be the patient's responsibility to pay the balance.

**COPAYMENTS, DEDUCTIBLES AND NON-COVERED SERVICES** are calculated and are due at the time of service. *It is very important that you understand your infertility coverage.* We have a very specific benefits questionnaire that is used when verifying your coverage with your insurance company. A copy of this will be in your chart. It is highly recommended that you contact your insurance company before any treatment begins so that you have a clear understanding of what services are covered.

**REFERRALS** may be required for some Point Of Service (POS) plans in order for you to maximize your benefits. For HMO plans, referrals **are** required. We are contracted with Monarch Medical Group and Prospect Medical Group. If you are enrolled with either Monarch or Prospect Medical Groups, a referral will be required. It is your responsibility to have a referral to Dr. Lawrence Werlin, other wise your services will not be covered. If you have a Point of Service (POS) plan in conjunction with your medical group, and you did not obtain a referral, then you may opt to use your out-of-network benefits. See your benefit handbook to review what your out-of-network expenses will be.

**PRE-AUTHORIZATIONS** are necessary for many of the services you receive in our program and for injectable medications. You should be aware of what your insurance plan "rules" are by calling and verifying your benefits. We *will* also have this information in your chart, and it will be verified before any procedure is done. Typically pre-authorizations take 7-10 working days to receive and it is your responsibility to know if you have approval before proceeding with treatment. If this is not obtained, you will be responsible for payment of your treatment. Because time is of the essence, we are depending on you to help keep us informed if there are any changes in your treatment plan.

**SURGERY CO-PAYMENTS** will be estimated before your surgery is scheduled. You *will* be required to pay in advance. This is done so that you are not faced with an unexpected bill after your surgery. You *will* also have a bill from the facility and anesthesiologist for any surgery that is performed and they *will* discuss your coverage with you prior to your surgery.

**CHANGE TO YOUR INFORMATION:** **It is very important that you notify us as soon as possible of any changes to your address, telephone numbers, employment, insurance and/or name changes so that we may keep your records as up to date as possible.**

**OUTSIDE SERVICES:** There may be some services that are performed by Reproductive Specialty Laboratories (RSL) and Reproductive Specialty Surgical Center (RSSC). These are separate entities from Coastal Fertility Medical Center (CFMC). RSL and RSSC do not hold the same contract with insurance companies as CFMC. **Your out of network benefits may be utilized by RSL and RSSC for covered services.**